

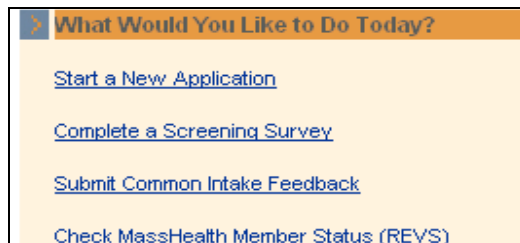


Checking if Applicant/Family Member Known to MassHealth

Step 1

Check REVS to determine if any family member is already known to MassHealth.

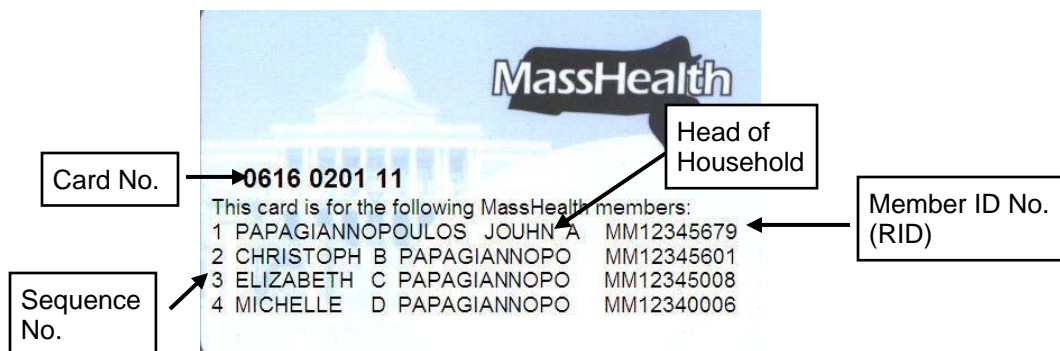
Click the **Check MassHealth Member Status (REVS)** link:



Note: If any member is known to REVS, **STOP** and call the MassHealth Enrollment Center (MEC).

Step 2

Locate search information on the MassHealth card:



Note: Cards are not issued for members who are only eligible for the Uncompensated Care Pool.



Checking if Applicant/Family Member Known to MassHealth

Step 3

Enter search information for family members:

To verify eligibility for a Member, please enter the Date of Service.

Date of Service (MM/DD/CCYY): 

Please enter the Member's ID Number, or the Member's name, date of birth and gender, or a MassHealth Card ID and sequence number.

Member Identification Number:

OR

Last Name:

First Name:

Date of Birth (MM/DD/CCYY): 

Gender:

OR

MassHealth Card ID - Sequence Number: -

Tips to perform a standard search:

- Member's Identification Number

OR

- Up to the first twenty letters of the member's last name
- Up to first fifteen letters of the member's first name
- Date of Birth (mm/dd/yyyy)
- Gender

Note: Call the REVS Eligibility Operator (800-833-7582) when there are multiple matches.



Checking if Applicant/Family Member Known to MassHealth

Step 4

Interpreting the Results. There are three possible results:

Type	Result	Action
1	Member is eligible on date of service.	If Patient: <ul style="list-style-type: none">• Determine coverage• Check restrictive messages• Proceed with treatment If Family Group Member: <ul style="list-style-type: none">• STOP – Call your local MEC
2	Member is not eligible on date of service – for ANY Family Group member.	<ul style="list-style-type: none">• Call your local MEC
3	Member not found – for ALL Family Group members.	<ul style="list-style-type: none">• Check: Search for MassHealth Application using the Common Intake Application Dashboard

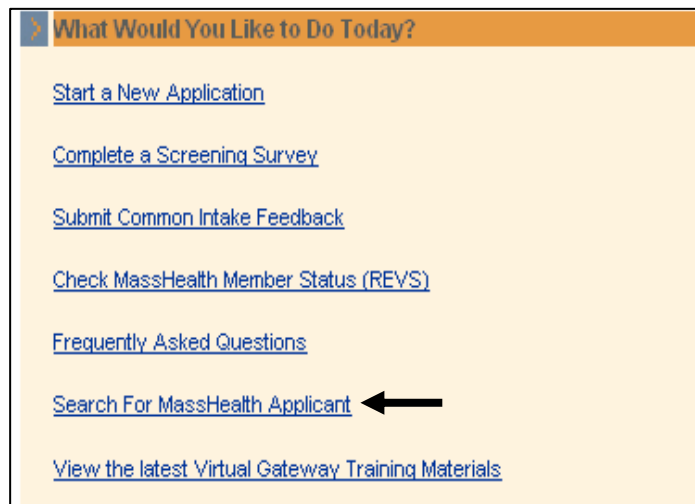


Checking if Applicant/Family Member Known to MassHealth

Step 5

Next, determine if a Virtual Gateway MassHealth application has been entered recently for any family member.

From the **Common Intake Dashboard**, click **Search For MassHealth Applicant** link.



Result: The **MassHealth Individual Application Search** page appears.



Checking if Applicant/Family Member Known to MassHealth

Step 6

From the **MassHealth Individual Application Search** page:

- Enter search criteria
- Click the **Search** button

Result: Search Results appear to view status and date application was submitted.

If **any** Family Group member is found using this search function, stop and contact your local MEC.

Health and Human Services **Mass.gov**

Mass.Gov Home Help

MassHealth Individual Application Search

Search Criteria:

User **must** provide all of the following: First Name (at least one character), Last Name (at least 5 characters), Date of Birth, and Gender OR Valid Social Security Number.

First Name: Last Name: Date of Birth: / / Gender:

OR

Social Security Number: - -

Search Results:

Status	Submit Date
Approved	12/17/2004

REVS Restrictive Messages

All messages are subject to change / Not all messages are currently active

Messages Generated by a Member's Coverage Type:

*Please note: not all Coverage Types have specific Restrictive Messages

Coverage Type	Restrictive Message Number	Message Text
PRENATAL	520	ELIGIBLE FOR AMBULATORY PRENATAL CARE ONLY.
COMMONHEALTH	505	COMMONHEALTH MEMBER. FOR QUESTIONS, CALL 1-800-325-5231.
MH ONLY	490	DMH SERVICES ONLY. NOT ELIGIBLE FOR MASSHEALTH.
EAEDC	116	EAEDC (CAT.04) SERVICES RESTRICTED. SEE 130 CMR 450.106. FOR QUESTIONS, CALL PROVIDER SERVICES 1-800-325-5231.
SENIOR BUY IN	386	MEDICARE-COVERED SERVICES ONLY.
LIMITED	522 (for most LIMITED cases)	ELIGIBLE FOR EMERGENCY SERVICES ONLY.
LMTD HLTHY STRT	601 & 602	(601) ELIGIBLE FOR EMERGENCY SERVICES, INCLUDING LABOR AND DELIVERY, UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D). (602) FOR INFORMATION ON AND PAYMENT OF ALL OTHER PREGNANCY-RELATED SERVICES UNDER HEALTHY START, CALL 1-888-488-9161.
LMTD CMSP	603 & 604	(603) ELIGIBLE FOR EMERGENCY SERVICES UNDER LIMITED WITHOUT COPAY 130 CMR 450.130(D). (604) ELIGIBLE FOR PRIMARY AND PREVENTIVE CARE SERVICES. CALL CMSP AT 1-800-909-2677.
CMSP ONLY	605	ELIGIBLE FOR PRIMARY AND PREVENTIVE CARE SERVICES ONLY. CALL CMSP AT 1-800-909-2677.
CMSP ONLY	606 - only when requesting provider is a freecare provider.	REIMBURSEMENT FROM THE UNCOMPENSATED CARE POOL NOT ALLOWABLE FOR THIS PATIENT.FOR INFORMATION CALL 617-988-3222 OR 1-877-910-2100.
SENIOR PHARMACY	536	ELIGIBLE FOR SENIOR PHARMACY PROGRAM BENEFITS ONLY. SEE 130 CMR 406.430.
SENIOR PHARMACY	555	ELIGIBLE FOR PHARMACY PROGRAM PLUS BENEFITS ONLY.
PREMIUM ASSIST	495	ELIGIBLE FOR PREMIUM ASSISTANCE ONLY, BILL MEMBERS PRIVATE HEALTH INSURANCE.
PREMIUM ASSIST	485	BILL MEMBERS PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY FOR COPAYS AND DEDUCTIBLES FOR WELL-CHILD VISITS ONLY.
PREMIUM ASSIST	480	BILL MEMBERS PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY FOR COPAYS AND DEDUCTIBLES.

REVS Restrictive Messages

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Messages Generated by a Member's Coverage Type: *Continued....*

PARTIAL FC	281 when requesting provider is a freecare provider	(281) UNCOMPENSATED CARE POOL IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. FOR MORE INFORMATION, CALL 617-988-3222.
	306 otherwise	(306) INDIVIDUAL HAS SUBMITTED AN MBR AND IS NOT ELIGIBLE FOR MASSHEALTH. FOR MORE INFORMATION, CALL 1-800-462-7738.
	282 if error condition exists	(282) THE DEDUCTIBLE AMOUNT CANNOT BE DISPLAYED AT THIS TIME. PLEASE CALL EDS AT 1-800-462-7738 TO REPORT THIS PROBLEM.
FULL FREE CARE	281 when requesting provider is a freecare provider	(281) UNCOMPENSATED CARE POOL IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. FOR MORE INFORMATION, CALL 617-988-3222.
	306 otherwise	(306) INDIVIDUAL HAS SUBMITTED AN MBR AND IS NOT ELIGIBLE FOR MASSHEALTH. FOR MORE INFORMATION, CALL 1-800-462-7738.
DSS Members	121	DIRECT ALL INQUIRIES ABOUT ELIGIBILITY TO SOCIAL SERVICE WORKER.
DHM plus additional MassHealth Benefits	035	MASSHEALTH/DMH CLIENT

Messages Generated by Segment Type:

Message number	Message text
Long Term Care Segment(s) If a member has a LTC segment, one of the following two messages will appear:	
516	CALL HRCA AT (617) 325-8000 FOR AUTHORIZATION OF ALL SERVICES EXCEPT ACUTE INPATIENT ADMISSIONS.
111	RESIDENT AT LONG-TERM-CARE FACILITY.
Managed Care Segment(s) If a member is enrolled in a Managed Care Plan, the message that relates to the Member's Managed Care Plan will appear:	
126	COMMUNITY CASE MANAGEMENT MEMBER. PRIOR AUTHORIZATION NOW REQUIRED FOR HOME HEALTH (PDN, NURSING, HH AIDE, PCW) INFO 1-800-863-6068.
391	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL EVERCARE: 888-867-5511.
201	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL CCA: 866-610-2273
231	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL SWH: 888-794-7268
096	CARE MANAGEMENT PILOT PROGRAM MEMBER. PLEASE CALL 1-413-794-9428 TO CORDINATE ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES.
071	MEMBER ENROLLED IN PROGRAM THAT LIMITS HIM/HER TO 1 PHARMACY. FOR INFORMATION, MEMBER MAY CALL 1-800-841-2900, 8 AM-5 PM, MON-FRI.

REVS Restrictive Messages

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Messages Generated by Segment Type: *Continued.....*

500	SPECIAL NHP PROGRAM. CALL NHP FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES AND MOST DENTAL.1-888-816-6000.
006	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-432-9449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
021	BMC HEALTH NET MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
031	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE. CALL ELDER SERVICES PLAN OF THE NORTH SHORE, INC AT (781) 599-0110.
036	PRIOR AUHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF THE CAMBRIDGE HOSPITAL AT (617) 868-6323.
041	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP AT FALLON AT (508) 852-2026.
046	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF UPHAM'S CORNER AT (617) 288-0970.
051	PRIOR AUTHORIZATION MANDTORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL HARBOR ELDER SERVICES AT 617-296-5100.
056	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
061	BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
066	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
071	MEMBER ENROLLED IN PROGRAM THAT LIMITS HIM/HER TO 1 PHARMACY. FOR INFORMATION, MEMBER MAY CALL 1-800-841-2900, 8 AM-5 PM, MON-FRI.
096	CARE MANAGEMENT PILOT PROGRAM MEMBER. PLEASE CALL 1-413-794-9428 TO CORDINATE ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES.
106	KAISER PERMANENTE MEMBER. CALL FOR APPROVAL FOR ALL SERVICES EXCEPT DRUGS, DENTAL, GLASSES. 413-256-4456
131	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
156	HPHC MEMBER. CALL MCO FOR ALL SERVICES EXCEPT DRUGS, ROUTINE DENTAL, GLASSES. SEE HPHC ID CARD FOR MORE INFO.
161	HPHC MEMBER. CALL MCO FOR ALL SERVICES EXCEPT DRUGS, ROUTINE DENTAL, GLASSES. SEE HPHC ID CARD FOR MORE INFO.
171	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP FOR EAST BOSTON AT 617-568-6416 OR EVES AT 617-568-4470.
176	TUFTS MEMBER. CALL FOR APPROVAL FOR ALL SERVICES EXCEPT DRUGS, DENTAL, GLASSES. 1-800-56HEALTH
181	PILGRIM MEMBER. CALL FOR APPROVAL FOR ALL SERVICES EXCEPT DRUGS, DENTAL, GLASSES. SEE PILGRIM ID CARD FOR INFO.
001	CHP MEMBER. CALL FOR APPROVAL FOR ALL SERVICES EXCEPT DENTAL, FAMILY PLANNING, GLASSES.1-800-344-5682
525	FOR MENTAL HEALTH OR SUBSTANCE ABUSE SERVICE AUTHORIZATION CALL THE PARTNERSHIP AT 1-800-998-6462.
490	(490) DMH SERVICES ONLY. NOT ELIGIBLE FOR MASSHEALTH.
530	(530) NO PCC/MCO APPROVALS NEEDED. FOR MH/SA SERVICE AUTHORIZATION CALL THE PARTNERSHIP AT 1-800-495-0086.
461	PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(I).

REVS Restrictive Messages

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Messages Specific to Copay:

Message number	Message text
186	EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).
246	EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).
271	MET CAP ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(C).
366	MET CAP ON PHARMACY SERVICES UNDER CMR 450.130(C).

Access Method	Providers should use when they have...	Benefits/Drawbacks	Searching Capabilities	How to Access
WebREVS	<ul style="list-style-type: none"> Many unscheduled visits A small member base No or very little technical support Frequent staff turnover 	<ul style="list-style-type: none"> Simple to use From your Web browser, you will have access to all the information available from the other methods. A dial-up connection is not needed. Verify eligibility and claims status from one place. Can access REVS via the Internet as often as necessary. 	<p>Individual verification</p> <p>Three options to verify eligibility:</p> <ol style="list-style-type: none"> Card and Sequence # RID # First twenty letters of last name, first fifteen letters of first name, DOB, gender <p>Batch</p> <p>Same options as individual verification</p>	<ol style="list-style-type: none"> Go to www.massrevs.eds.com Sign in with your user ID and password (given when you submit a TPA- if you do not have, call the HIPAA Support Center at 1-800-462-7738) Click on Eligibility Verification.
REVSpc (web, pass-through or RAS option)	<ul style="list-style-type: none"> Regular member visits A large member base Technically savvy support A networked technical environment Internet access or phone line 	<ul style="list-style-type: none"> A dial-up connection is not needed. Verify eligibility and check claim-status inquiries from a personal computer. Eligibility inquiries can be performed individually or in batches. Using batch inquiries, you can perform large volumes of inquiries over a relatively short period (for example, over 1000 inquiries in approximately 30 minutes). For batch inquiries, you can save the information into a member-history database for review at a later date or backup to diskette/CD. Technically savvy support 	<p>Individual verification</p> <p>Three options to verify eligibility on REVSpc:</p> <ol style="list-style-type: none"> Card and Sequence # RID # First twenty letters of last name, first fifteen letters of first name, DOB, gender <p>Batch</p> <p>Same options as individual verification</p>	<p>For the initial installation of REVSpc:</p> <ol style="list-style-type: none"> Go to www.massrevs.eds.com Sign in with your user name and password to get to the welcome page. The welcome page walks you through installation. The first step is to contact the REVS Help Desk at 1-800-462-7738 to register the software and receive a serial number.

Access Method	Providers should use when they have...	Benefits/Drawbacks	Searching Capabilities	How to Access
		<ul style="list-style-type: none"> Can sort batched responses in several ways, and print the responses using a local printer (i.e. sort by eligibility status, member name, etc) Shows changes to member information since the last time you verified eligibility on that member. 		
Point-of-Service (POS) Terminals	<ul style="list-style-type: none"> No internet access A small member base No technical support 	<ul style="list-style-type: none"> More difficult to use Slower technology No batch submissions Offers a print feature with the purchase of a printer. 	Individual verification Three options to verify eligibility on REVS: <ol style="list-style-type: none"> Card and Sequence RID # First five letters of last name, first initial, DOB, gender 	<ol style="list-style-type: none"> Go to www.mass.gov Click on "government" in the page header. Under "Branches & Departments, click on "A-Z Agency list" Click on "MassHealth (Office of Medicaid)" Click on "Information for Providers" Click on "MassHealth Recipient Eligibility Verification System (REVS)" Click on "Accessing REVS" From this page you can read about POS devices and order products through the specifications.
Automated Voice Response	<ul style="list-style-type: none"> No internet access A small member base No technical support No need to get HIPAA specific information such 	<ul style="list-style-type: none"> More difficult to use Consumes additional administrative time to verify eligibility. Does not offer batch submissions During normal business hours (8:00 A.M. to 5:00 P.M.), you may perform up to five inquiries per phone call. Outside normal business hours, you may perform up to 10 inquiries. 	Individual verification Three options to verify eligibility on REVS: <ol style="list-style-type: none"> Card and Sequence # RID # First twenty letters of last name, first fifteen letters of first name, 	<p>Before calling the AVR, make sure you have your user ID and password, and seven-digit MassHealth provider number ready.</p> <p>Call 1-800-554-0042</p>

Access Method	Providers should use when they have...	Benefits/Drawbacks	Searching Capabilities	How to Access
	as addresses		DOB, gender	
Third Party Vendors	<ul style="list-style-type: none"> Provider is willing to pay to outsource responsibility or ease the access to REVS 	<ul style="list-style-type: none"> Access to multiple payers Practice Management System offers multitude of additional features REVS is integrated or appears as part of the third party's system. 	Depends on the vendor	Contact: NEHEN, WebMD, HDX, NDC, ProxyMed, Athena Health, or Passport Health
Eligibility Operator	<ul style="list-style-type: none"> A resistance to change A belief that you can get more information when talking to a person A small member base A need to call when a RID conflict exists. 	<ul style="list-style-type: none"> Should only be used to verify eligibility for a Member whose ID change occurred within 5 days Hours: <ul style="list-style-type: none"> - Weekdays 7 AM – 3 AM (next day) - Saturdays 9 AM – 2 AM (next day) - Sundays 9 Am – 12 AM Limit to 5 checks per call to allow other providers access to a limited resource 	Individual verification Three options to verify eligibility on REVS: <ol style="list-style-type: none"> 1. Card and Sequence # 2. RID # 3. First twenty letters of last name, first fifteen letters of first name, DOB, gender 	Before calling the Eligibility Operator, make sure you have your user ID and password, and seven-digit MassHealth provider number ready. Call 1-800-833-7583